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ABSTRACT

Six children enrolled in a 'Kindergarten for Children with Special Needs' were the subject of a 3-month study of behavioral techniques applied to children's problem behavior through the training of parents. The children were rated as hyperactive and immature with various emotional, social, and physical problems. The study worked with the children in their natural environment (homes) and attempted to bring about change in their behavior through parental involvement. The improvement shown by the children suggested the advantage and need of early intervention in families of deviant children. (Author)

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INVOLVING PARENTS IN THE BEHAVIOUR MODIFICATION PROGRAM OF THEIR CHILDREN IN HOME AND SCHOOL

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

A RESEARCH PROJECT

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Kan Advani

PREFACE

As educators, we often look at children with problems and wonder how we are to cope with them in our particular educational system. Some members of the public, from time to time, ask if we should try to cope with them or if they cannot be assigned to some other person's responsibility, health, social service, the parents. If these pupils with their problems fill us with concern about our educational programs, what must they do for parents who do not have even our limited resources and knowledge?

Our system last year acknowledged its responsibility for accepting a small group of kindergarten age pupils with a long history of physical, social and emotional problems. A special program was set up in the school to try to modify some of the behavioural problems. It was soon recognized, however, that it would fail as many other such good programs have done if its scope was not extended beyond the school.

Modification of pupil behaviour can only be successful if parents, the modifiers who spend most of the time with these pupils, are involved. Would such parents be willing to be involved? How could they be assisted in extending the school's program? What would their reaction be to the school's intervention in their domestic affairs? Dr. Kan Advani in his study "Involving Parents in the Behaviour Modification Program of Their Children in Home and School" reports the results of our experience in this area. To Dr. Advani and those involved with him, I express our appreciation for carrying out and reporting on their efforts and hope that this report may assist others who are considering establishing a closer liaison with parents in similar school programs.

G. R. Locklin,
Superintendent of Educational Services

RESUME

Title: Involving Parents in the Behaviour Modification Program of Their Children in Home and School

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Dates of Experiment: January to April 1973

Abstract:

Behavioural techniques can be effectively applied to children's problem behaviour in the school and at home through the training and support of parents. Six children enrolled in a 'Kindergarten for Children with Special Needs' were the subjects of this study. They were rated as hyperactive and immature children with various emotional, social, and physical problems. The purpose of this study was to work with these children in their natural environment (homes) and attempt to bring about change in their behaviour through parental involvement. The improvement shown by these children during a period of three months suggests the advantage and need of early intervention in families of deviant children.

INTRODUCTION

There is little doubt that behavioural techniques can be effectively applied to children's problem behaviours in the school and home through the training and support of their parents.

Peine (1969) notes that most of a child's behaviour is maintained by its effects upon the natural environment by changing the reinforcing contingencies supplied by the social agents who live with the child. His approach assumes that:

(1) a child's maladaptive behaviour has been acquired in the natural environment and can best be changed by modifying that environment; and

(2) the maintenance of the newly developed adaptive behaviour also depends upon successful modification in the natural environment.

Graziano (1971) stresses the ethical responsibility of the parents. He suggests that, by virtue of their role, parents (1) have assumed the major moral, ethical, and legal responsibility for their children; (2) generally have the greatest degree of contact with the children and greatest control over their natural environment; and (3) are typically both willing and fully capable of assuming and carrying out detailed and direct therapeutic measures.

Parents, therefore, should not be allowed to relinquish their responsibility; and it is the therapist's task to help the parents directly to be more effective in fulfilling their role as parents.

Studies involving training parents in operant techniques cover a wide range of problems and intervention approaches. Most parent therapists are taught the use of differential reinforcement, often paired with a Time Out (TO) contingency as a mild punishment, in simple acquisition and decrement, as well as in more systematic shaping programmes.

PURPOSE

The main purpose of this study was:

(i) to modify the academic and non-academic behaviour of the kindergarten children with special needs in their natural home environment, by presenting a behaviour modification MODEL to the parents.

(ii) to ascertain whether the improvement in the child's behaviour would be noticed both at home and in the classroom.

SUBJECTS

In September, 1972, the Frontenac County Board of Education established its first Special Kindergarten class, with one teacher and one teacher assistant, to meet the unique needs of the children who were eligible by age to enter a regular school programme but who were not mentally, physically, or socially ready for a regular Kindergarten.

Early in October, 1972, the teacher of this special class was asked to rate the behaviour of these students on the "Burk's Behaviour Rating Scale" in order to get a rough picture of the maladaptive behaviour of the subjects. This scale is widely used as one of the basic instruments for the referral, screening, and placement of children in special classes in many districts in California, U.S.A. (Hotchkiss, 1971).

It is evident that three students out of six were rated as hyperactive and restless to a greater degree; almost all of them were poor in large muscle activities, lacked variety of response, and were easily distracted (See Appendix I).

SETTING

The study was carried on in the city of Kingston, Ontario. The children concerned were transported to the school from various sections of the city to the Simcoe Public School. The Special Kindergarten operated from 9:00 a.m. to 11:30 a.m.

The children were greeted by the teacher and teacher-aide, who encouraged them to talk about their experiences during the previous afternoon and evening. "Relaxed conversations of this sort not only increase communication skills and strengthen social relationships but prime the kinds of social and emotional behaviours that help a child to have a happy and productive school day" (Bijou, 1971).

The teacher followed quite a flexible daily schedule to motivate the children.

PROCEDURE

The "Child Care Worker (student)" visited each family once a week in the afternoon to work with the child and family for about two hours.

The aim of the visits was to teach the mother to be an effective behavioural and educational change agent for the child; by working and playing with the child, the home visitor gradually attempted to reach the mother.

Parents were encouraged to participate in observation, behavioural analysis, program planning, and then to carry on the plan designed by the Research Supervisor.

Parents were also given instructions by the Research Supervisor in handling their children. This was done through conversation and discussion with one or both parents, modeling (i.e., parent(s) observing the Child Care Worker), and direct instruction. Parental involvement in this program naturally depended upon the needs of the individual child and other variables.

Some of the training devices used in this project were audio tapes, slides, films, attendance in Behaviour Modification Workshop, and telephone.

Comparison of the pre and post experimental data was done on the basic of "The Child Behaviour Rating Scale" (Cassel, 1962), completed by the Teacher, Home Visitor, and Research Supervisor. This scale is a psychological instrument developed and standardized for the objective assessment of personality adjustments of pre-school and primary grade pupils.

The parents were requested to complete the "Mother-Child Relationship Evaluation Scale" (Roth, 1961). This scale establishes a frame of reference of attitudes by which mothers relate to their children. It also attempts to provide an objective estimate of a mother's relationship with her child, based on a five attitude profile.

Children's progress was discussed in weekly meetings attended by the home visitor, the classroom teacher, the principal, the psychologist and the research supervisor.

MOTHER-CHILD RELATIONSHIP EVALUATION

Having come in closer contact with the parents, we observed that some of the parents did not possess basic information about normal child development and seemed to have highly unrealistic expectations about their five year old children's behaviour.

Some of the methods which these parents used in modifying the behaviour of their children were inconsistent and erratic. They punished their children even when they could not perform because of lack of physical maturation and lack of experience.

Table I gives some indication of these mothers' attitudes toward their children and their behavioural patterns, thus revealing their own self-perception.

Mrs. A's attitudes toward her son seemed rather confused. She had a poor self-concept and found herself quite helpless in dealing with her children. The other parents communicated feelings of complete acceptance of their children. This, however, was not found true after closer contact with the families was achieved.

For information regarding parents' response to the various items of the questionnaire, see Appendix II.

PERSONALITY TOTAL ADJUSTMENT

An objective assessment of adjustment made by the subjects during the experimental period was attempted on the basis of the Child Behaviour Rating Scale (CBRS). The 78 CBRS items, each descriptive of some aspects of child behaviour, are classified into five adjustment areas: Self Adjustment, Home Adjustment, Social Adjustment, School Adjustment and Physical Adjustment.

The pre and post ratings of the behaviour of children were obtained by the classroom teacher and the home visitors (both Research supervisor and the Child Care Worker together). These ratings have been compared with the normative data obtained through the standardization studies of CBRS with a group of 2000 typical children, and a group of 200 maladjusted children.

TABLE I

MOTHER-CHILD RELATIONSHIP EVALUATION

MOTHER	SCALES							
	ACCEPTANCE		OVER-PROTECTION		OVER-INDULGENCE		REJECTION	
	Raw Scores	Percen-tile	Raw Scores	Percen-tile	Raw Scores	Percen-tile	Raw Scores	Percen-tile
Mrs. A	34	10	38	80	28	25	38	80
Mrs. B	50	95	24	5	19	0	35	70
Mrs. C	47	90	24	10	31	50	27	20
Mrs. D	44	75	32	50	24	5	36	75
Mrs. E	48	90	28	25	28	25	31	40

TABLE II

SUMMARY OF THE STATISTICAL RESULTS

AS PER TEACHER'S RATINGS

N = 6

Variable *	T	Probability **
self adjustment	4	$p > .05$
home adjustment	0	$p < .05$
social adjustment	2	$p < .05$
school adjustment	0	$p < .05$
physical adjustment	1	$p < .05$

TABLE III

SUMMARY OF THE STATISTICAL RESULTS

AS PER HOME VISITORS' RATINGS

N = 6

Variable *	T	Probability **
Self adjustment	2	$p < .05$
home adjustment	2	$p < .05$
social adjustment	5	$p > .05$
school adjustment	4	$p > .05$
physical adjustment	0	$p < .05$

* One - Tailed

** p = .05 used for determining significant vs. non-significant.

The weighted score of the five adjustment areas, and the Personality Total Adjustment score is converted into McCally T-Score. This score makes possible a comparison of a single child with the two normative groups presented in the Manual (Cassel, 1962). According to the CBRS norms, T-Scores within the range of 40 to 60 indicate average adjustment within the adjustment area, for the typical group or the maladjusted group; T-Scores over 60 suggest excellent adjustment while T-Scores below 40 suggest maladjustment.

Figures 1, 2, 3, and 4 indicate the overall adjustment of all six children during this period as compared with the norms for the typical group and the maladjusted group.

RESULT

The Wilcoxon Matched-Pairs signed-Ranks test (Siegel, 1956) was used to evaluate the difference between the pre and post experimental scores as per teacher's and home visitors' ratings on the "Child Behaviour Rating Scale".

We were predicting improvement from January to April, so all test significances reported are one-tailed.

It must be kept in mind that data gained from rating scales is only as objective as the raters' observation.

Tables II and III show that the teacher noted a significant improvement in the areas of Home, Social, School and Physical Adjustment. However, she did not notice significant improvement in their self adjustment. On the other hand, the home visitors did notice improvement in the self adjustment as well as home and physical adjustment of the children.

Although almost all children showed significant improvement in their school and home adjustment, three students made large enough gains that two of them are, at present, partially integrated in a regular kindergarten and will attend a Grade I program next fall.

A few statistically significant differences were found in the two rating scales completed in January and April as far as the children of high participating and low participating parents were concerned.

Fig. 1

PERSONALITY TOTAL ADJUSTMENT SCORES AS COMPARED WITH THE TYPICAL GROUP.
(N=6)

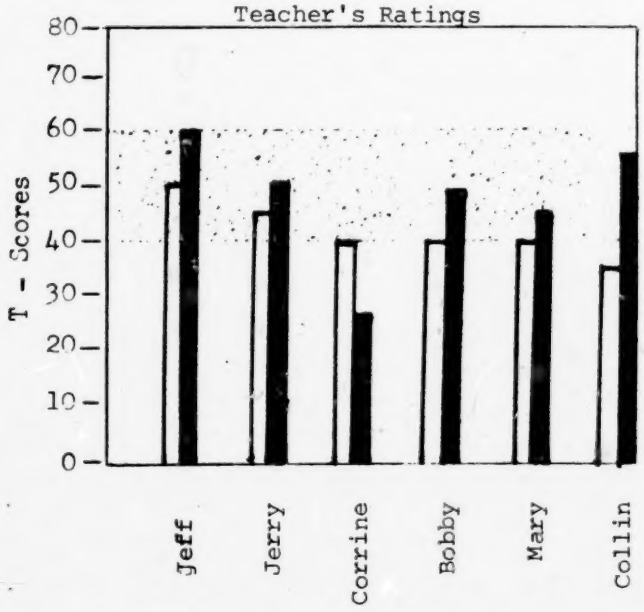
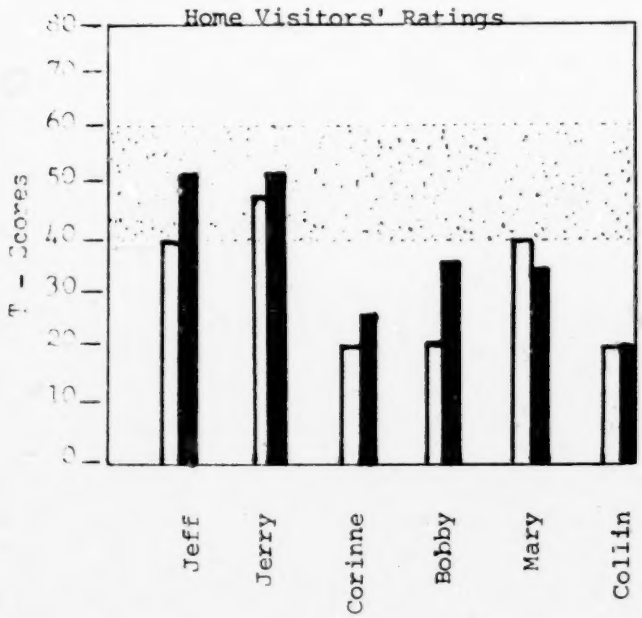


Fig. 2

PERSONALITY TOTAL ADJUSTMENT SCORES AS COMPARED WITH THE TYPICAL GROUP.
(N=6)



Pre Experimental

Post Experimental

Fig.: 3

PERSONALITY TOTAL ADJUSTMENT SCORES AS COMPARED WITH THE TYPICAL GROUP.
(N=6)

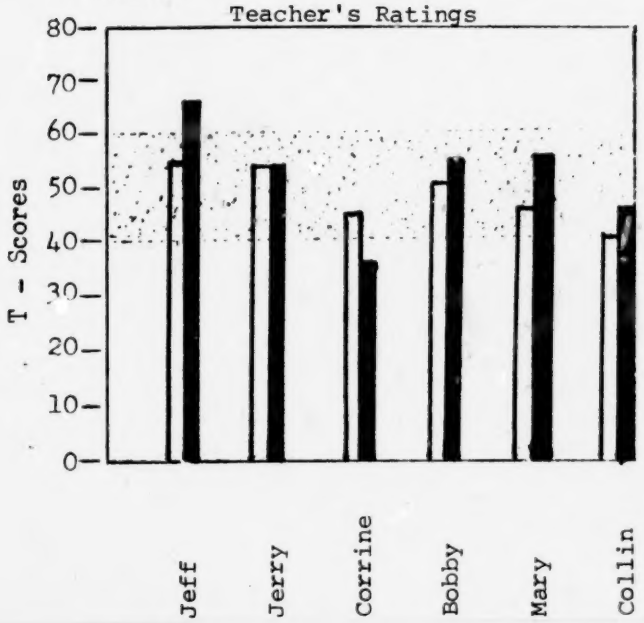
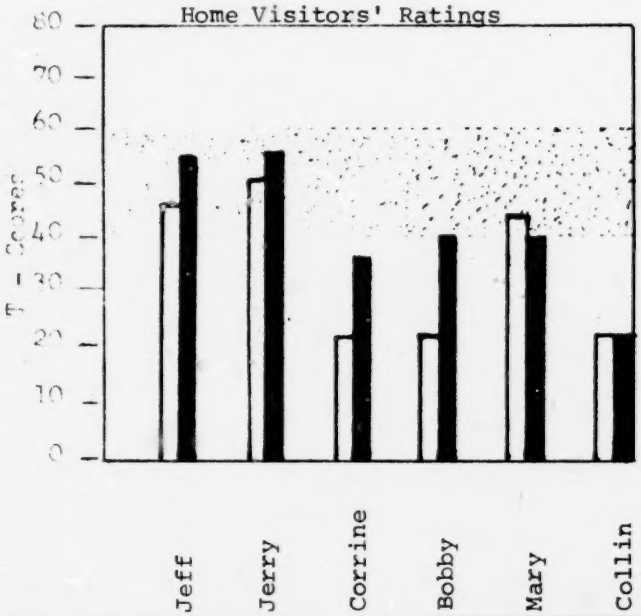


Fig.: 4

PERSONALITY TOTAL ADJUSTMENT SCORES AS COMPARED WITH THE TYPICAL GROUP.
(N=6)



The following three case histories should provide a clear picture of the program.

CASE I

Bobby Adam Date of Birth: May 28, 1967

Bobby was tested by the Psychiatric Department when he was 4½ years old. The test results were as follows:

A. Stanford-Binet I.Q. 67, M.A. 3.1

B. Body Weight and Height: Third Percentile

He was defined as a child who was "failing to thrive" and lacked in co-ordination. He could not name objects at the level of 2½ years.

His parents have minimal education. Father works as a cook. Mother is epileptic, under medication, and at times unable to respond to her children. The family lives in a low-rental housing complex.

On the Burk's Behaviour Rating Scale, (see Appendix I) Bobby's teacher rated him during October, 1972, as one who was easily distracted, lacked continuity of effort and was upset by changes in the routine. She observed that he was also restless, flighty, and confused in following directions.

Research Supervisor and Child Care Worker met the family during January 1973.

BASELINE:

Being under heavy sedation, his mother was often fatigued and would not respond to the boys (Bobby and his 4½ year old brother), until they engaged in negative acts and became too noisy. Angered and frustrated, she would scold, threaten, and subsequently strap the boys. A leather strap was specifically reserved for this purpose.

On the basis of the Mother-Child Relationship Evaluation Scale completed by Mrs. A, she came out as an over-protective mother who harboured the feelings of rejection towards her children.

SCALES	RAW SCORES	PERCENTILE
Acceptance	34	10
Over-Protection	38	80
Over-Indulgence	28	25
Rejection	38	80

INTERVENTION:

Step 1

In order to give more free time to Mrs. A, so that she could feel relaxed, the 4½ year old son was accommodated in one of the three Junior Kindergarten classes of the city. Both boys stayed in school for entire mornings.

Step 2

The home visitor gradually established a warm and friendly relationship with the mother. They could discuss Bobby and John's problems freely. Mother was also becoming a "leader" in the games they all played.

Step 3

The home visitor acted as a model, and mother learned to observe her children's behaviour objectively.

Step 4

Home Visitor and mother participated in a "Workshop on Behaviour Modification" given by the Research Supervisor and his colleagues. This workshop was organized by the local Early Childhood Education Association.

Step 5

From Strap to Star

Mother listed the following maladaptive behaviours for which Bobby and John were often strapped:

a. playing with their food,

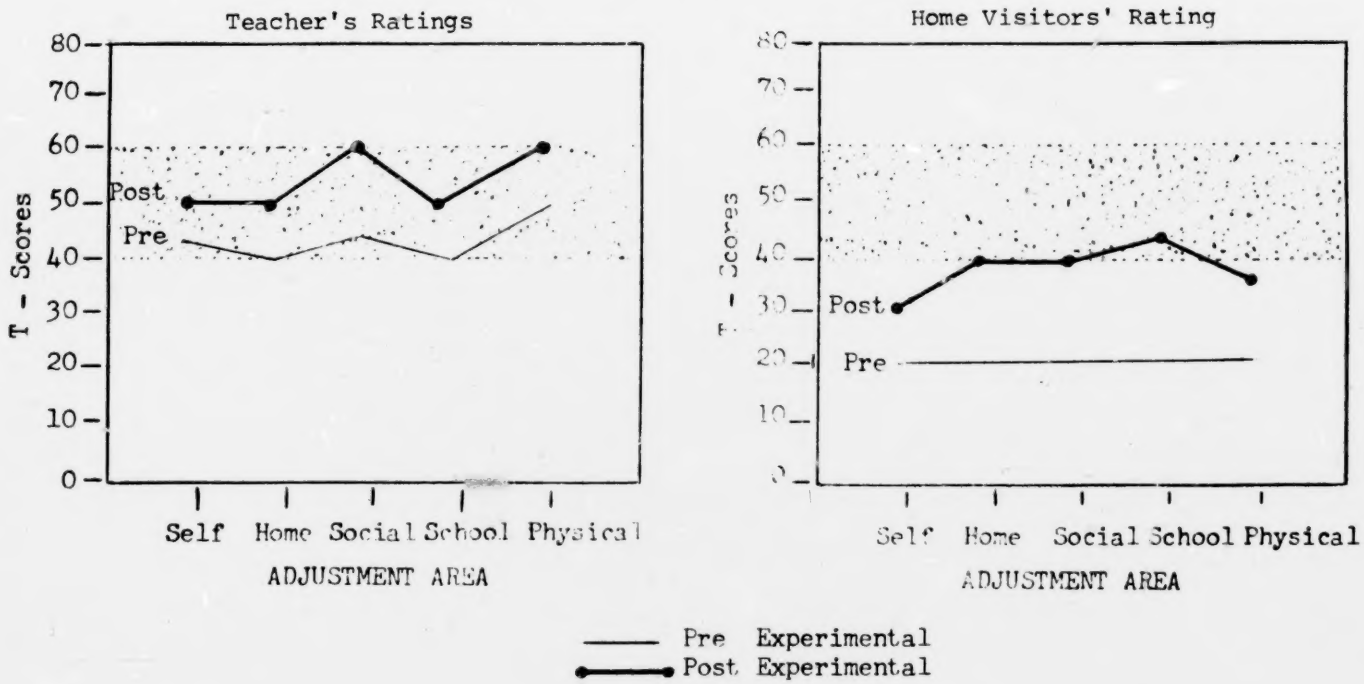
b. disobeying their mother/father,

c. whining and crying when time for bed,

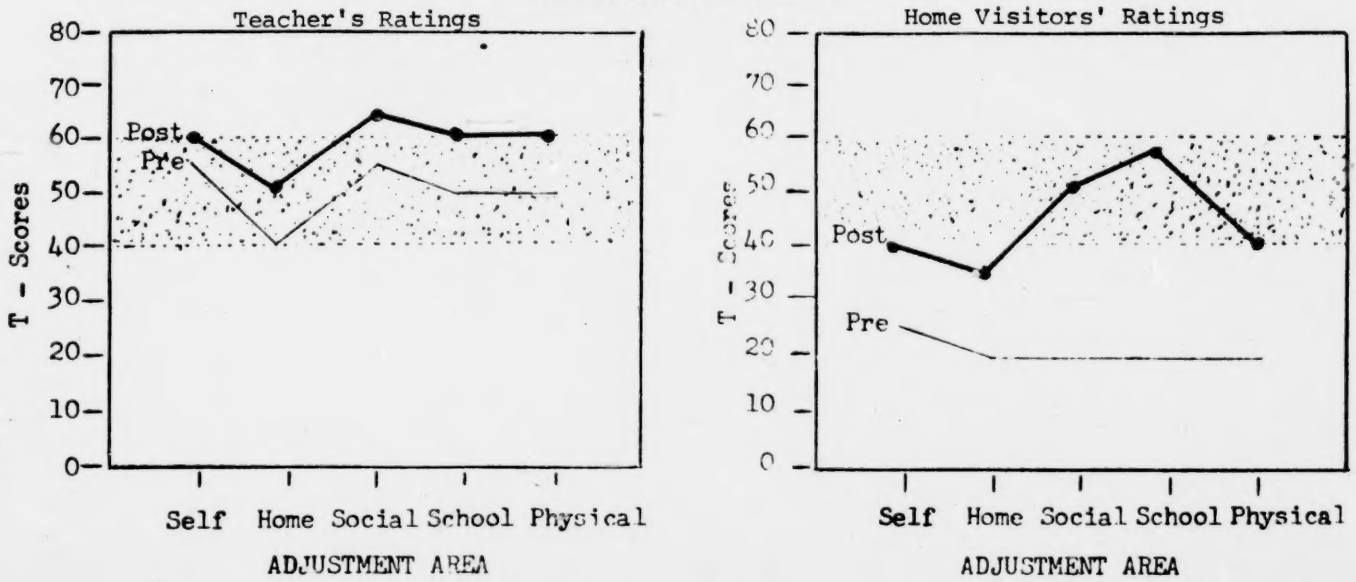
d. untidy appearance: not washing face, brushing teeth, etc.

FIGURES 5 & 6 PRE AND POST EXPERIMENTAL T-SCORES FOR BOBBY ADAM AS COMPARED WITH THE TYPICAL GROUP

Bobby



FIGURES 7 & 8 PRE AND POST EXPERIMENTAL T-SCORES FOR BOBBY ADAM AS COMPARED WITH THE MALADJUSTED GROUP



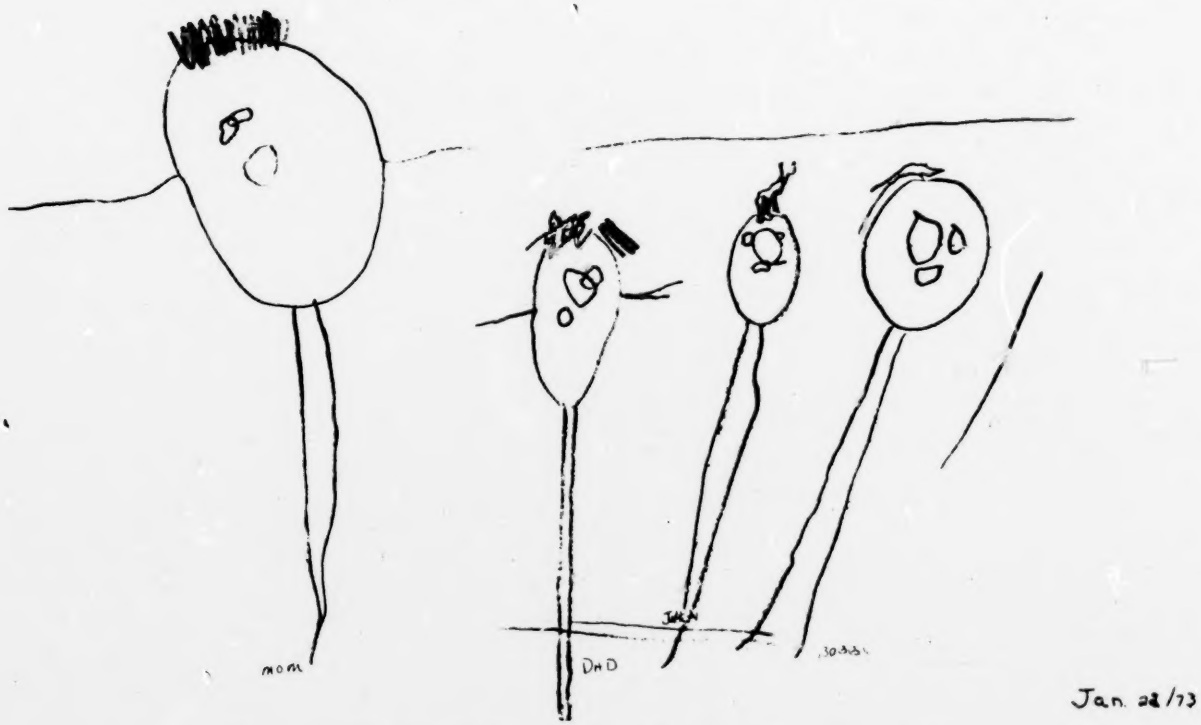


Fig. 9 "My Family" - Bobby Adam, January 22, 1973

Fig. 10 "Self-Portrait by Bobby, April 28, 1973

Two charts were prepared for both brothers and a bright gold color star was awarded (instead of strap) contingent upon appropriate behaviour. Within a 4-week period the chidren showed a tremendous degree of improvement.

Step 6

The home visitor kept the classroom teacher informed about all steps being taken at home so that Bobby could receive "positive reinforcement" in the school for his improved behaviour at home.

On comparing Bobby's Personality Total Adjustment Score with those of other students in the group, one finds that he has made the greatest gains. (See Figures 1 to 4)

Figures 5 6 7 and 8 show that at the beginning of the study he was rated by the home visitors as 'below normal' in all five adjustment areas.

Even his drawings (fig. 9 and 10) indicated some change in his visual perception.

Bobby is now a pleasant and cheerful lad who has started taking pride in his work. His parents are pleased to see their two boys enjoying and learning. Mother is now preparing for the third child in the family.

Bobby is partially integrated in a regular Kindergarten at present and would attend a regular Grade 1 program next fall.

CASE II

Collin Frank Date of Birth: August 10, 1967

The psycholcgist defined Collin as a visually impaired boy with SUDDEN EXPLOSIVE BEHAVIOUR. His teacher stated that the behaviour she had noticed to a very large degree was that he "could not seem to control himself."

Excerpts from Anecdotal Record, by the Teacher:

Sept. 6 Threw things into air.
In gym, ran across stage to tease the teacher.

Sept. 14 Injured his finger in gym and was taken to hospital. Co-operated while his finger was being x-rayed, stitched, and bandaged.

Sept. 18 Bus was late. Collin was at extremely loose ends as to what to do, and ran away from the group outside. When returned to the classroom, he jumped on top of tables and threw things in the air. I contained him by holding him, to which he complained, "I'm telling on you."

Oct. 31 Yesterday he messed up Mrs. Warren's room before school and disappeared at recess, to be found in the Resource Centre about ten minutes after recess ended.

Today he jumped on me and told me that he loved me. He told the Teacher Aide, "No more kisses for you," when she reprimanded him.

During the month of November when the Research Supervisor visited Collin's home and explained to his foster parents that Collin had been proving a difficult child in school, they were just surprised. Collin did not show any of this behaviour at home. No temper tantrums, no talking out of turn, no biting of adults, no hitting or kicking. The living room where Collin had freedom of movement was tidy and intact. The home visitor also found Collin quite co-operative and a willing learner in the home environment.

Collin was also giving a difficult time to the bus driver by not sitting quietly in his seat and bothering him with silly questions.

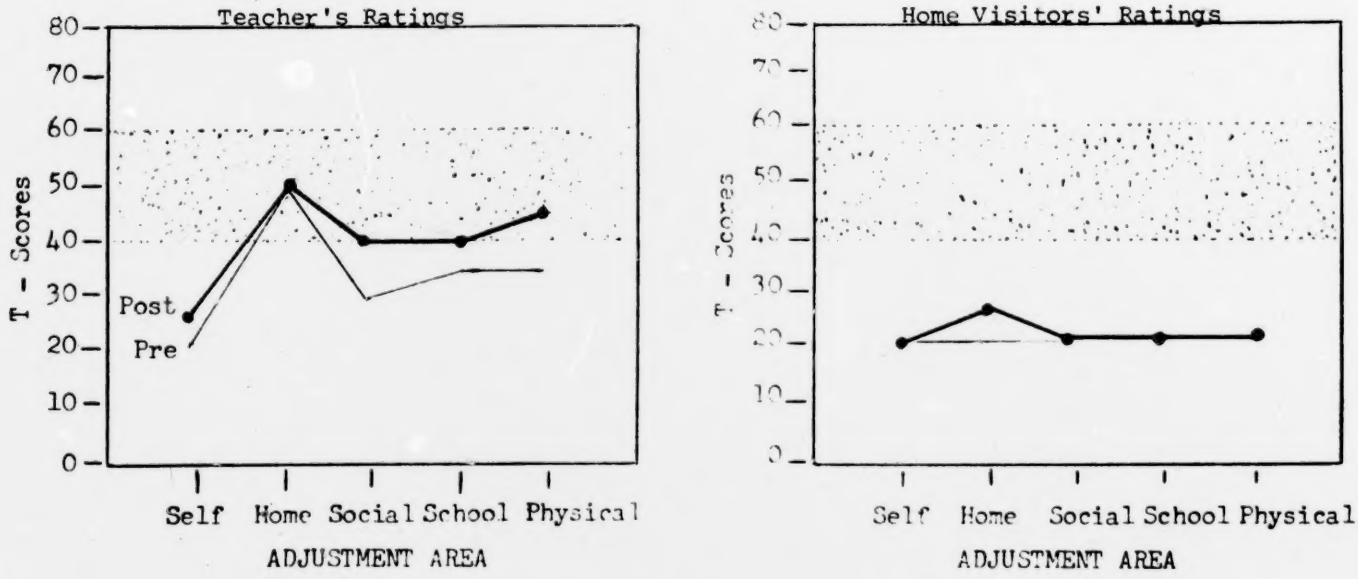
MODIFICATION

Step 1

During the month of November, the school day was divided into 15 minute periods followed by 5 minutes of free time. The children's behaviour was observed closely, and after every five minutes they were rewarded with a token (poker chip) for appropriate behaviour. If a child earned 2 or 3 poker chips while involved in an activity, he would trade his chips with 5 minute free time and either play in the playhouse, paint, listen to music or climb on the playhouse. The principal of the school, who is a good carpenter, built this 4' high playhouse. Children can climb on top of the house and jump down. Inside the playhouse is the 'toy' kitchen. The free time was well supervised within the classroom.

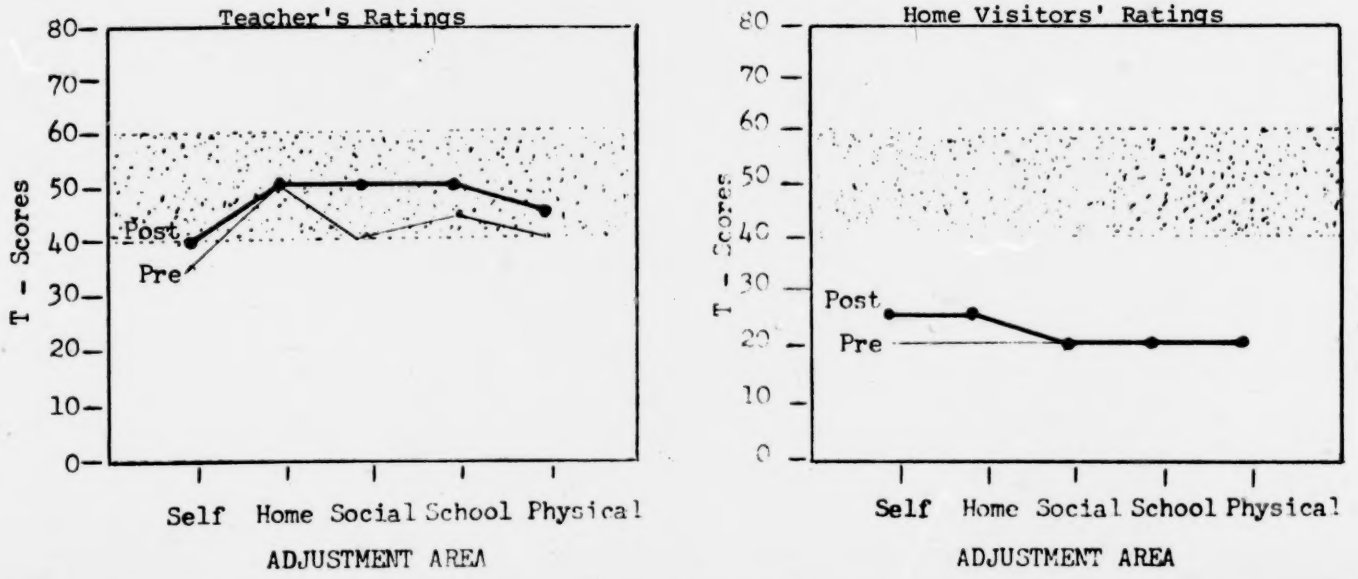
Figures 11 & 12

PRE AND POST EXPERIMENTAL T-SCORES FOR COLLIN FRANK AS COMPARED WITH THE TYPICAL GROUP.



Figures 13 & 14

PRE AND POST EXPERIMENTAL T-SCORES FOR COLLIN FRANK AS COMPARED WITH THE MALADJUSTED GROUP.



Step 2

Whenever Collin became too noisy and disruptive he was taken out of the classroom (T.O.) for a short time until he composed himself.

Step 3

His parents were given a 'piggy bank' to fill with pennies earned by Collin. Pennies were rewarded for his **acceptable** behaviour in school. His teacher phoned home every day.

Collin could earn a maximum of 5 pennies a day. If he earned more than 4, his older sister drew a large HAPPY FACE on a drawing paper and displayed it on the bedroom wall.

Figures 11, 12, 13 and 14 show the improvement perceived **in** Collin's personality adjustment during the experimental period.

CASE III

Corrine Elder Date of Birth: July 1, 1966

Before coming to the Special Kindergarten, Corrine had spent two years in the Psychiatric Hospital as a day patient.

Corrine has had difficulty in socialization. The classroom teacher had noticed that she told bizarre stories about herself and her family. On the Burk's Behaviour Rating Scale (see Appendix I), teacher checked the following behaviours she had noticed to a large degree.

- classroom comments often off the track
- difficulty reasoning things out logically with others
- confused and apprehensive about rightness of responses, indecisive
- upset by changes
- seemed generally unhappy

The following excerpts from the anecdotal record (by teacher) should help provide her behaviour patterns in the school:

Sept. 5 Corrine demands lot of attention and feels jealous if I give attention to other children.

Sept. 6 Upset at wet panties. She sat in my lap to paint.

Oct. 16 Corrine worked quietly for much of the morning. She has been quieter recently and stares into space much of the time.

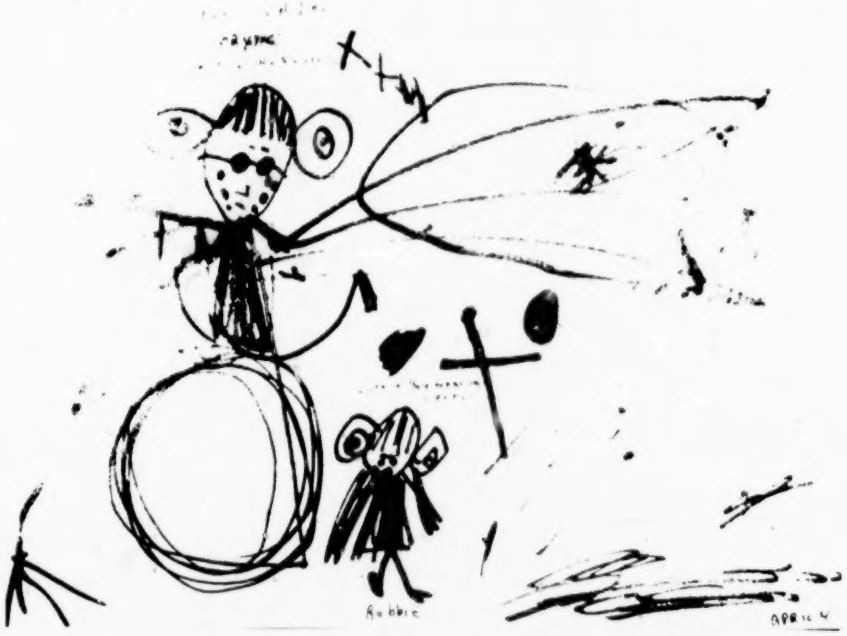


Fig. 15 In this picture Corrine stresses that the father and brother are wearing dresses because they were girls. Father is crying.
April, 1973

Fig. 16 Corrine drew a picture of a girl named Sally, and then, not getting any attention from mother and home visitor, she spoiled the picture. The other figures in the picture are Angie (a girl she met in the Psychiatric Hospital approximately two years ago), her younger brother, and a girl named Julian,
April, 1973

Oct. 19 Corrine was upset today and tried to hit Collin. I held both of them, and Corrine clung to me and tried to strike Collin. Mary Doll came along and asked what was wrong, and smiled and patted Corrine. But Corrine said to Mary, "I want to hit you." Mary backed off, hurt.

Nov. 22 Corrine wants to be "a good girl" (for me) but she is so easily upset. Her behaviour is so unpredictable that the reward system doesn't work too well in her case.

Corrine's parents are well-educated and both hold responsible jobs. They live in a modern suburban home which is tastefully furnished and beautifully decorated.

Mother appeared cool towards Corinne and had great difficulty in controlling her behaviour.

Mother mentioned that Corrine behaved much better for her father.

Corrine would often talk to herself, make strange noises, and seek attention through negative acts: - e.g. - jumping on the chesterfield, pulling dog's tail, etc. Whenever the home visitor gave attention to the younger brother Corrine would hit him.

We found Mother quite co-operative to our suggestions for changing Corrine's behaviour. The parents were advised to use "planned ignoring method" to control Corrine's indulgence in talking to herself. Whenever Corrine started mumbling to herself, the home visitor would face Corrine, hold both of her hands, close her own eyes and sit still. Mother found this procedure effective to some extent.

Corrine likes to express herself through art. Her drawings are 'superior' as compared to her age. They are full of details and reveal her inner feelings. (See Figures 15 to 21.)

On comparing Corrine's progress, during the experimental period, with those of other children in the class, we notice that according to the teacher's observations she had regressed in her Personality Total Adjustment (Figures 1 & 3).
But the home visitors did notice some improvement in her Personality Total Adjustment. They, however, rated her 'poor' in overall adjustment.

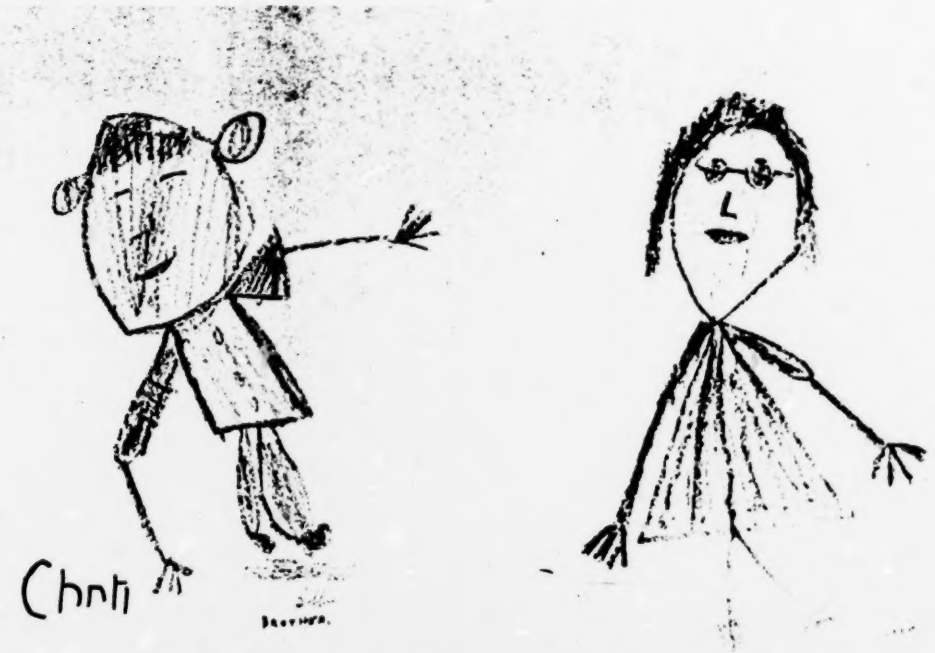


Fig. 17 "Me and my Brother" - Corrine
February, 1973

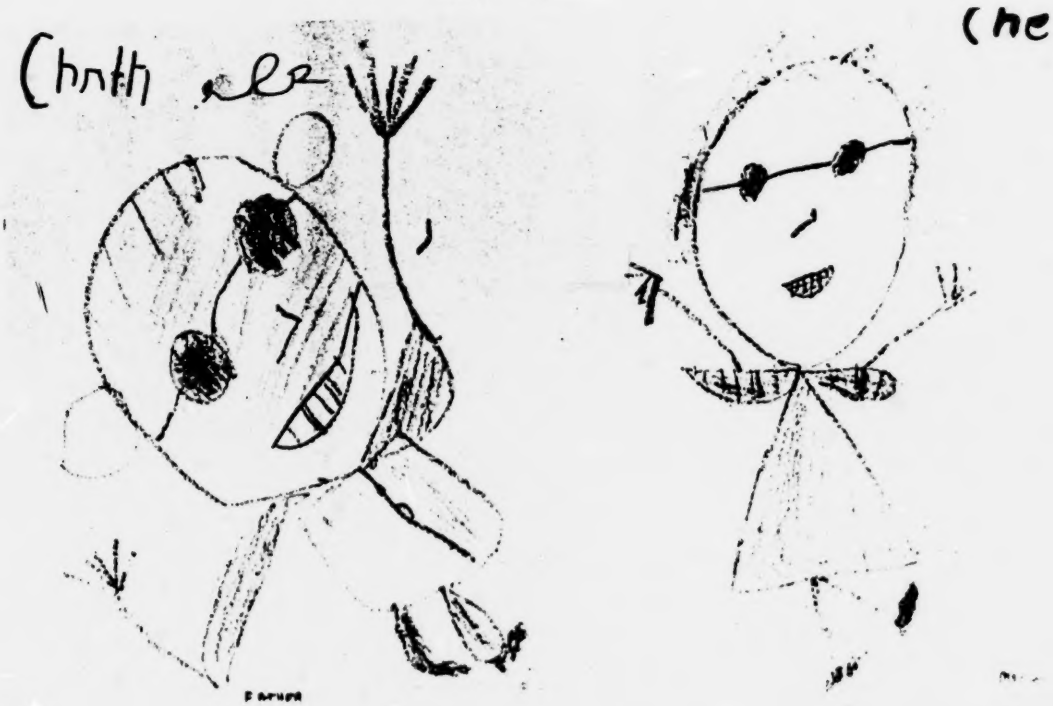


Fig. 18 - My father and mother" - Corrine
February, 1973

Fig. 19 - While describing the details of the drawing, Corrine explained the "Don'ts" used frequently for correcting her behaviour.
"Don't get your slippers wet, [illegible] step on the ice."
"Don't soil your panties." - Corrine - February, 1973

Fig. 20 - "This is Sally outside during the night time. There are trees on the left which are clean and you can eat the apples but the apples on the other tree are dirty and you must not eat them. - Corrine - February, 1973.

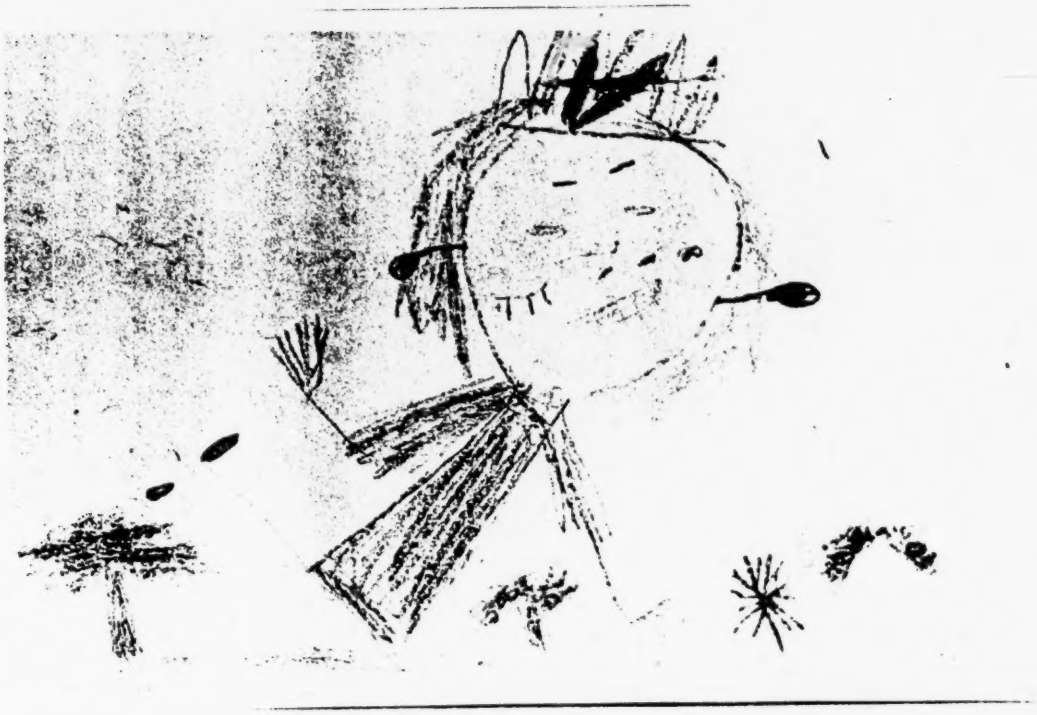


Fig. 21 - "This is Corrine dressed as an Indian with the apple trees in the background," said Corrine - March, 1973.

It is evident from figures 22 to 25 that the teacher noted some improvement in Corrine's Home and School adjustment and greater improvement in her physical adjustment.

Figures 26 to 37 show the pre and post experimental T-Scores for Jeff Brown, Jerry Cook and Mary Doll.

CONCLUSION AND RECOMMENDATION

The study was carried on for four months, which was rather a very limited period to win the confidence of the parents and involve them in the modification of their own children's behaviour.

The study also suffers from the absence of a suitable control group and has a very small number of subjects - (six).

However, a comparison of the pre and post experimental data suggests that:

(a) Almost all children showed significant improvment in their school and home adjustment. Three students made large enough gains that two of them will return to their home schools in a regular grade 1 program in the next fall.

(b) At the beginning of the year all of these children were hyperactive and restless to a great degree and thus were unable to function in a large class of children. A change has been noticed in their behaviour.

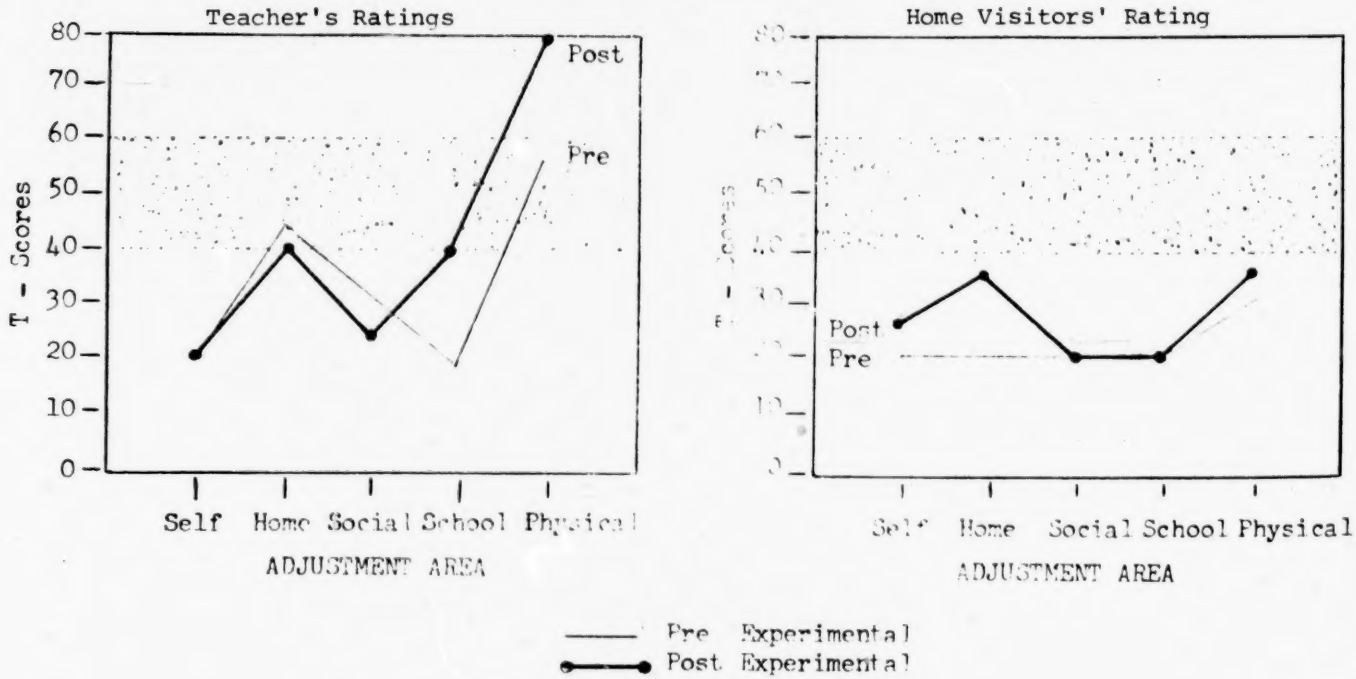
(c) The Mothers' involvement in the behavioural and academic program of her own child gave her an opportunity to see her own child as a learner, one who was <u>able to learn</u>. Mother's success might have enhanced child's self-confidence.

(d) A few statistically significant differences were found in the two rating scales completed in January and April as far as children of high participating and low participating parents were concerned.

The results of this study suggest the advantage and need of early intervention in families of deviant children.

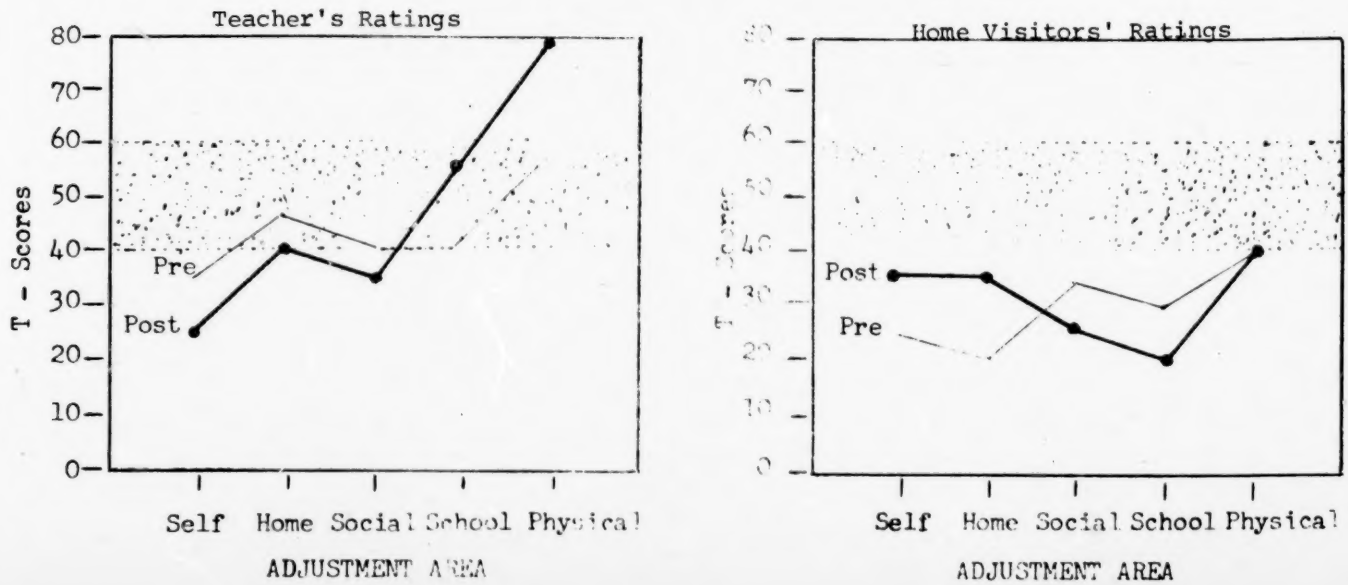
Figures 22 & 23

PRE AND POST EXPERIMENTAL T-SCORES FOR CORRINE ELDER AS COMPARED WITH THE TYPICAL GROUP.



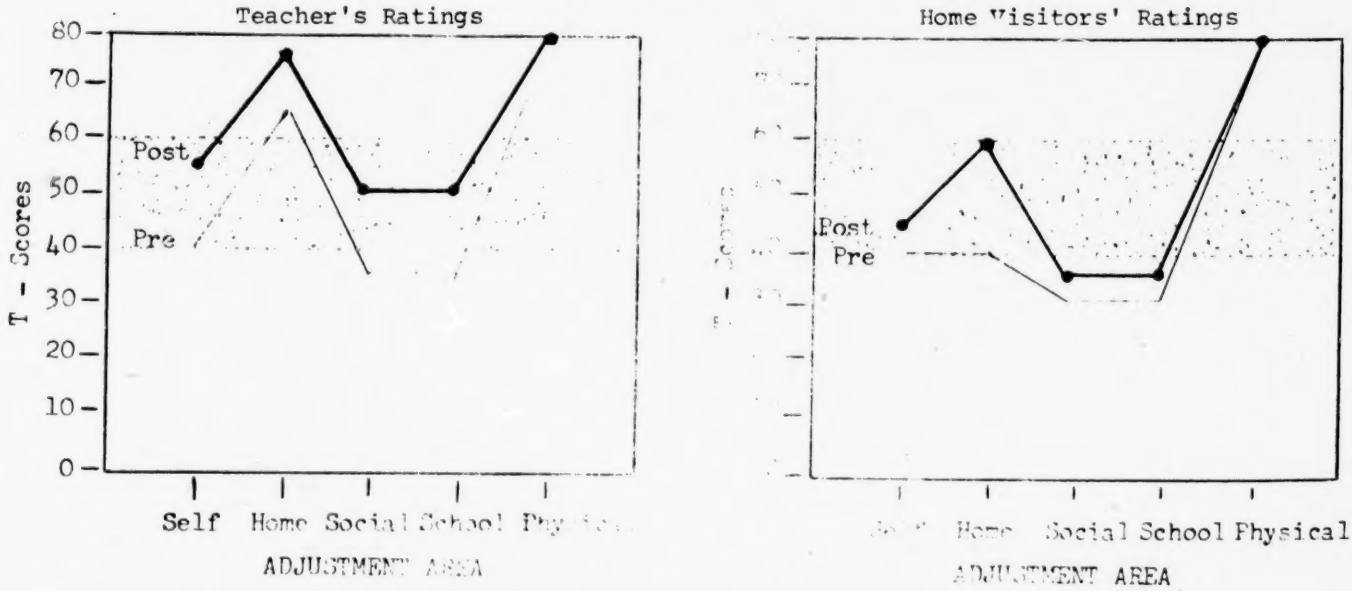
Figures 24 & 25

PRE AND POST EXPERIMENTAL T-SCORES FOR CORRINE ELDER AS COMPARED WITH THE MALADJUSTED GROUP.



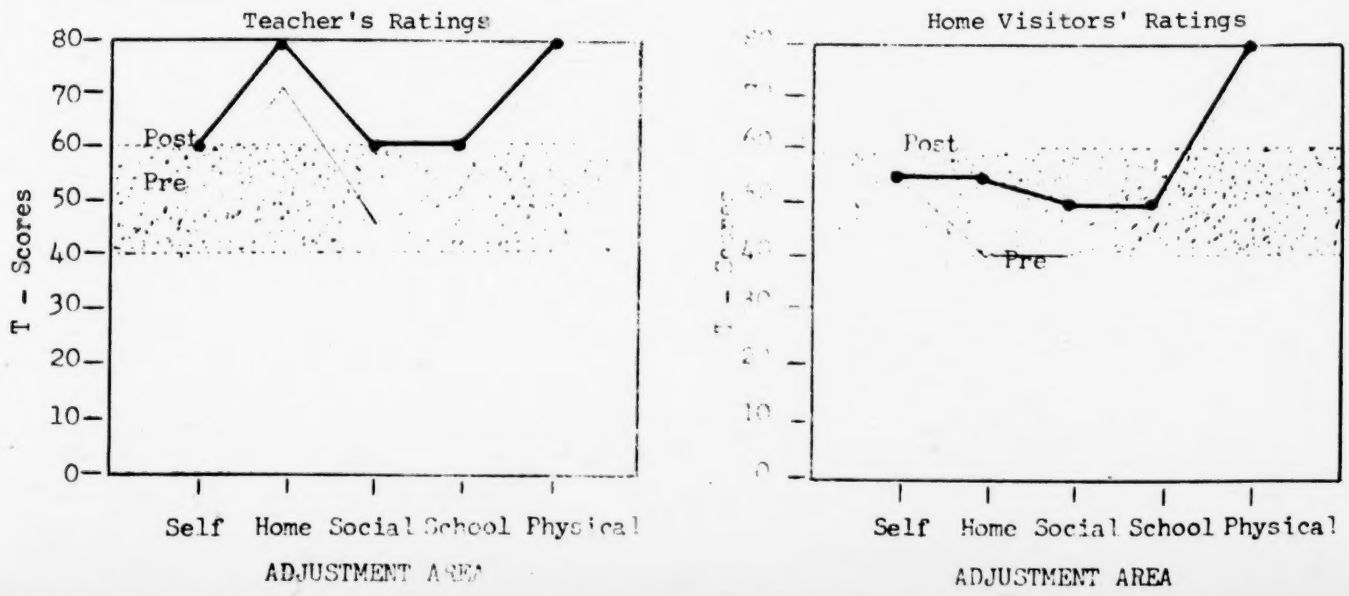
Figures 26 & 27

PRE AND POST EXPERIMENTAL T-SCORES FOR JEFF BROWN AS COMPARED WITH THE TYPICAL GROUP.



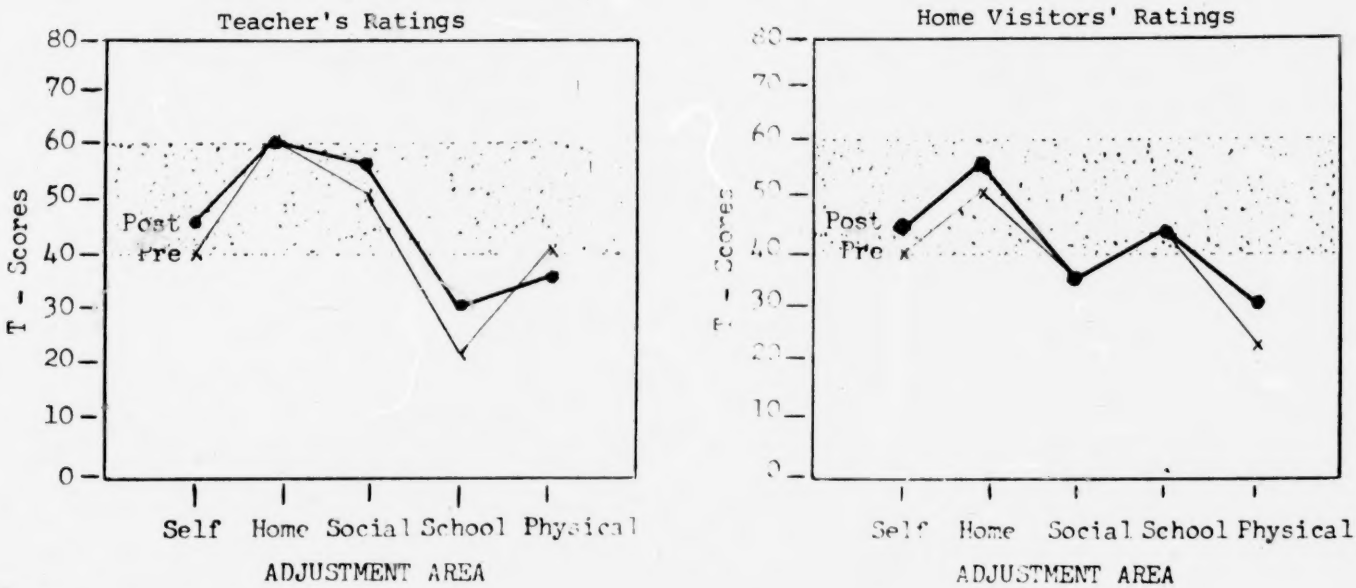
Figures 28 & 29

PRE AND POST EXPERIMENTAL T-SCORES FOR JEFF BROWN AS COMPARED WITH THE MALADJUSTED GROUP.



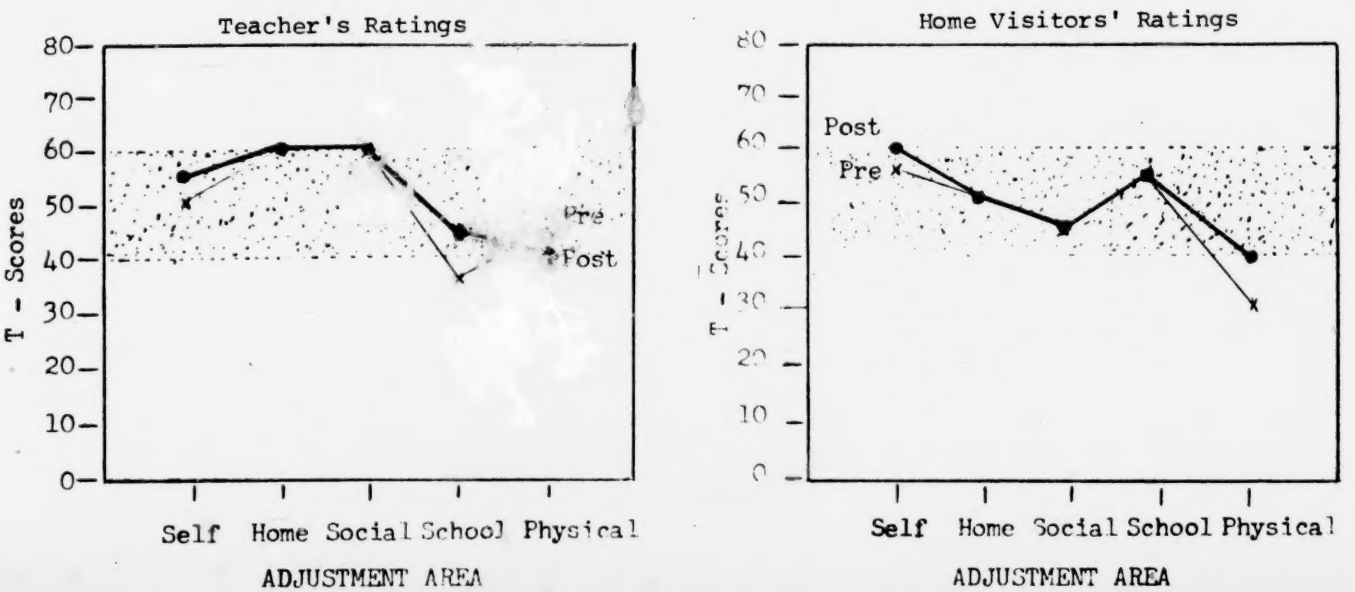
Figures 30 & 31

PRE AND POST EXPERIMENTAL T-SCORES FOR JERRY COOK AS COMPARED WITH THE TYPICAL GROUP.

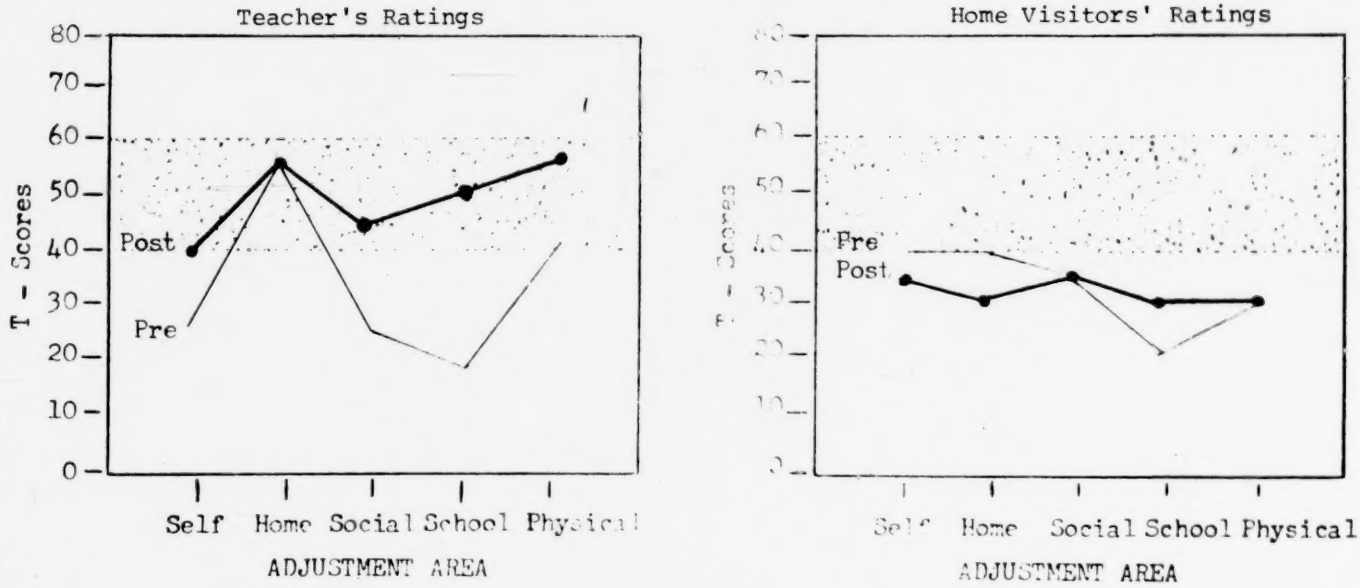


Figures 32 & 33

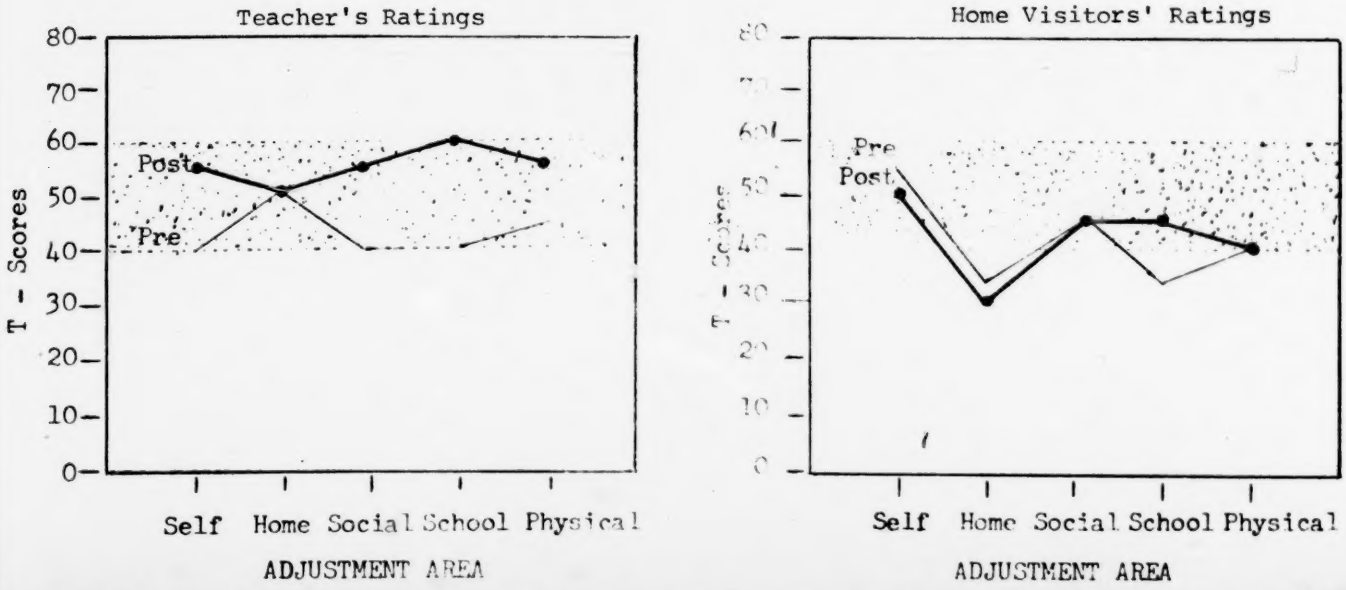
PRE AND POST EXPERIMENTAL T-SCORES FOR JERRY COOK AS COMPARED WITH THE MALADJUSTED GROUP.



Figures 34 & 35 PRE AND POST EXPERIMENTAL T-SCORES FOR MARY DOLL AS COMPARED WITH THE TYPICAL GROUP.



Figures 36 & 37 PRE AND POST EXPERIMENTAL T-SCORES FOR MARY DOLL AS COMPARED WITH THE MALADJUSTED GROUP.



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APPENDIX I

SUMMARY OF

BURK'S BEHAVIOUR RATING SCALE

Class: Special Kindergarten

Number of students: Six

Teacher: Sharron Anderson

School: Simcoe Public

Date: October, 1972

Please rate each and every statement by putting an "X" in the appropriate square after the statement. The squares are numbered from 1 to 5 and represent the degree to which you have noticed the described behaviour. The basis for making a judgement are given below:

1. You have not noticed this behaviour at all.
2. You have noticed the behaviour to a slight degree.
3. You have noticed the behaviour to a considerable degree.
4. You have noticed the behaviour to a large degree.
5. You have noticed the behaviour to a very large degree.

VEGETATIVE AND AUTONOMIC

		1	2	3	4	5
1.	Hyperactive and restless		2	1	3	
2.	Erratic, flighty, or scattered		3	1	2	
3.	Easily distracted, lacks continuity of effort and perseverance		2	2		2
4.	Behaviour goes in cycles	1	3	1	1	
5.	Quality of work may vary from day to day		2	4		
6.	Daydreaming, alternating with hyperactivity	2	1	2	1	
7.	Explosive and unpredictable behaviour	2	2	1	1	
8.	Cannot seem to control self (will speak out or jump out of seat)	3	1		1	1
9.	Poor co-ordination in large muscle activities (games etc.)	2	1		3	

PERCEPTUAL - DISCRIMINATIVE

10.	Confusion in spelling and writing	X	X	X	X	X
11.	Inclined to become confused in number processes, gives illogical responses	X	X	X	X	X
12.	Reading is poor	X	X	X	X	X

	1	2	3	4	5
13. Lacks a variety of responses, repeats himself in many situations	1		2	3	
14. Upset by changes in routine		1	2	2	1
15. Confused in following directions	1	1	1	2	1
16. Confused and apprehensive about rightness of responses, indecisive	1	3		1	1
17. Classroom comments are often "off the track" or peculiar	2	1	3		
18. Difficulty reasoning things out logically with others	1		2	3	

SOCIAL - EMOTIONAL

	1	2	3	4	5
19. Demands much attention		3		2	1
20. Tends to be destructive especially of the work of others	3	3			
21. Many evidences of stubborn uncooperative behaviour		1	3	2	
22. Often withdraws quickly from group activities, prefers to work by self	1	1	2	2	
23. Constant difficulty with other children and/or adults (apparently purposeless)	3	2	1		
24. Shallow feeling for others	3	2	1		
25. Cries often and easily	3	1	2		
26. Often more confused by punishment		2	1	3	
27. Seems generally unhappy	3	2	1		
28. Often tells bizarre stories	3			2	1

APPENDIX II

THE MOTHER-CHILD RELATIONSHIP EVALUATION

	SA	A	UN	D	SD
	5	4	3	2	1
1 - OP If possible, a mother should give her child all those things the mother never had.		2		3	
2-R Children are like small animals and can be trained the same as puppies			1	2	2

		SA	A	UN	D	SD
		5	4	3	2	1
3-OP	Children cannot choose the proper foods for themselves.	1		1	2	1
4-R	It is good for a child to be separated from it's mother from time to time.	2	3			
5-OP	"Having fun" usually is a waste of time for a child.		1		1	3
6-OP	A mother should defend her child from criticism.		1	1	3	
7-OI	A child is not at fault when it does something wrong.				4	1
8-R	When a mother disapproves an activity of her child, she should over-emphasize its danger.		1		4	
9-OP	My child cannot get along without me.				4	1
10-R	My child does not get along with other children as well as it should.		1		3	1
11-A	A mother should be resigned to the fate of her child.		1		3	1
12-OP	A mother should see that her child's homework is done correctly.	1	1	1	2	
13-OP	To raise a child suitably, the mother should know fairly well what she would like her child to be.	1	1		2	1
14-OI	A mother should "show off" her child at every opportunity.		1		3	1
15-OI	It takes much energy to discipline a child properly.	2	1		2	
16-OP	A mother should never leave her child by itself.	2	1		2	
17-R	With the right training, a child can be made to do almost anything.		2		3	
18-OI	It is good for a mother to cut her child's hair if it dislikes going to the barber.			1	3	1
19-OI	I often threaten to punish my child but never do it.				3	2
20-R	When a child disobeys in school, the teacher should punish it.	2	3			
21-R	My child annoys me.			1	3	1

		SA	A	UN	D	SD
		5	4	3	2	1
22-OP	It is the mother's responsibility to see that her child never is unhappy.	1			4	
23-R	A child is an adult in small form.		2			3
24-OI	A mother cannot spend too much time reading to her child.		4		1	
25-OP	A child needs more than two medical examinations each year.				5	
26-OP	Children cannot be trusted to do things by themselves.				4	1
27-R	Breast feeding should be stopped by the mother as soon as possible.	1	1		2	1
28-OP	Children should always be kept calm.				4	1
29-OI	A child should not have a fixed allowance.				5	
30-R	I often play practical jokes on my child.		1	1	2	1
31-OI	The mother should lie down with her child if it cannot sleep.			1	2	2
32-R	Often children act sick when they are not sick.	1	4			
33-OP	Children can never bathe themselves as they should.		2		3	
34-OI	A child should not be scolded for grabbing things from an adult.			1	4	1
35-A	When a mother has problems with her child with which she cannot deal, she should seek the proper help.	4	1			
36-OI	When a child cries, it should have the mother's attention at once.			1	3	1
37-OI	Somehow, I cannot refuse any request my child makes.				4	1
38-A	Children have rights of their own.	2	3			
39-OI	A mother should always see that her child's demands are met.		1	1	2	1
40-A	A child should not get angry at its mother.		1		4	

		SA	A	UN	D	SD
		5	4	3	2	1
41-A	Young children, like toys, are for their parents' amusement.				2	3
42-A	Child-bearing is a responsibility of marriage.		2		3	
43-A	There are certain right ways of raising a child, no matter how the parents feel.		1		4	
44-A	Children should be seen but not heard.				3	2
45-A	A mother should control her child's emotions.		1		2	2
46-A	Since thumbsucking is an unhealthy habit, it should be stopped by all means.	1		2	2	
47-A	It is not too helpful for a mother to talk over her plans with her child.		1		4	
48-A	A child should please its parents.		1	2	2	
		21	46	15	123	36

SA	Strongly Agree	D	Disagree
A	Agree	SD	Strongly Disagree
UN	Undecided		

APPENDIX III

Clipping from the Kingston-Whig Standard -

Special kindergarten meets with success

By BARBARA ROBSON
Staff Reporter

A special kindergarten program at John Graves Simcoe Public School for youngsters with serious behavior problems is helping to introduce them gradually to school life.

Six children entered the class last fall when it opened as a special project of the Frontenac County Board of Education assisted by a number of community personnel.

Among the pupils is a boy whose congenital brain defect is apparent in delayed speech, hyperactivity, drooling and a short attention span. Another youngster, who spent two years at the Beechgrove unit, Kingston Psychiatric Hospital, has difficulty with language, socialization and impulsive behavior.

A third case, a child with limited eyesight, displays sudden explosive behavior and hyperactivity in the special classroom setting. All are regular kindergarten age and are from five school areas in the county.

According to principal Richard Williams, the program "at this time, appears to be very successful."

"If an adequate number of children need this special treatment, then certainly, we would recommend that the program continue on a half-day basis," he said in a recent report to the board.

The half-day classes, coupled with a home-support program which is separately funded, rely heavily on behavior modification techniques in individual and group instruction by a teacher and non-teaching assistant for the class of six.

Tokens such as stars, cookies and other techniques of isolation and time-out centres are used to channel the child's behavior, says Mr. Williams.

Integration with the rest of the school takes place every recess when some of the youngsters are assigned a "big brother or big sister" from senior children in the school.

One child is now joining the regular kindergarten class for a hour a day and another is expected to begin integration soon.

The apparent success of the program in its first year is sufficient to continue the class next year and extensive testing of new candidates should begin as early as possible, the principal said.

He also recommended to the board that the class be housed in a kindergarten classroom where blackboard height would be more suitable to the children and washrooms would be readily available.

This year the class is located in a regular size classroom in the primary wing of the school and is furnished largely by surplus furniture and materials in the school.